Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>6/15/10</u>	Address:	<u>17 EMS W 26</u>
Case #:	<u>24F31618</u>		North Webster, IN 46555
County:	Kosciusko		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Operation Chemica Dumpsi	al/Glassware/Equipment (only)	☐ Residence☐ Outbuilding☐ Vehicle	Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): Bath/Middle Bedroom/ Vehicle			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Bath /Middle Bedroom/Vehicle			
Water Reactive Metal (Lithium): <u>Middle Bedroom/Back Bedroom</u>			
Anhydrous Ammonia: Bath/Middle Bedroom / Vehicle			
☐ Hydrochloric Acid Gas Generator(s): Vehicle			
Corrosive Acid: Vehicle			
Corrosive Base: Bath/Middle Bedroom / Vehicle			
Other (item and location):			
	, 		
Yes No	r age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine	e <u>Information</u> e/Pseudoephedrine Tracking Log erchant Tip rilian Tip
This report is to be faxed to the following agencies that serve the location:			
Health Depa	ment: North Webster VFD artment: Kosciusko County ction Service: N/A	Fax: <u>574-834-5668</u> Fax: <u>(574) 269-2023</u> Fax: <u>N/A</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Det. Aaron T. Campbell</u> Phone <u>574-546-4900</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.